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ORIGINAL ARTICLES.

Mastoid Disease.

By L. REYNOLDS, M.D., HORTON, KAS.

Read at the Thirty-first Annual meeting of the Kansas Medical Society, Topeka, May 12-14, 1897.

Owing to a recent illness this paper will have at least the merit of being short. No attempt will be made to be exhaustive in any of its branches.

Suppurative inflammation in the mastoid cells is the condition generally thought of in using the above title.

The adjacent cavity, the tympanum is a model incubator for germ life. When microbes of suppuration gain access to it, the conditions of growth and multiplication are always present. These are moisture and warmth to which darkness is added, a condition, though not essential, greatly facilitates the pathological process. If to these conditions, another of low vitality is added trouble is certain.

The main etiological factors are found in septic conditions of the nose and throat. Enlarged tonsils are frequent and should always be considered diseased. Their removal when much enlarged should be the rule at any age.

These conditions of the nose and throat are the common causes of acute and chronic suppurative inflammation of the middle ear, either of which may and frequently does terminate in serious involvement of the mastoid cells.

There are so many points of resemblance between the mastoid cells and the vermiform appendix, that, for the better elucidation of my subject I cannot forbear mentioning.

Each forms a blind extremity or culdesac.

The cells are not always present, except one at the threshold called the antrum. The appendix has frequently not been found when searched for.

The anatomical and physiological similarity is not the limit of the resemblance between these parts.

We find from a diagnostic standpoint that their diseases are very easily detected, although either, with its complication, may be exceedingly difficult of diagnosis.

Both are very dangerous to life, and without intelligent surgical treatment a good percentage of cases will prove fatal greater in the case of mastoid diseases, for but few cases of this ought to be allowed to escape surgical treatment of a radical kind.

Either may be self curative by a process of inflammatory obliteration of the part involved.

The similarity continues in their pathology. Both tend to rupture into very important cavities, the brain in one case and the abdominal cavity in the other. Both in some cases tend to seek many different directions for the discharge of their contents—each following the law of the direction of least resistance.

The brief report of a few recent cases will illustrate in part the treatment.

Last November a lady, Mrs. H., aged 50, who had suffered from well marked deafness in her left ear besides considerable distress in various parts of the left side of head for several months suddenly found the pain over the mastoid considerably increased accompanied by swelling. Immediate operation was done by chiseling into the cells. Only a slight trace of pus was found, but her pain gradually left her as recovery from the operation occurred. Her hearing was entirely restored—a result which I have found

is usual after prompt surgical treatment.

The next case was that of a 2 year old child whose disease began in January of this year as an acute suppurative process involving the mastoid. Surgical interference was resisted until pus found its way to the surface of the hand tissues by dissecting the soft tissues of the posterior wall of the meatus from its long connection, a not infrequent course in the child, after which the tissues of the scalp were undermined for a considerable distance from the mastoid. Simple lunacy when permitted was followed by the discharge of an unusually large amount of pus, somewhat slow but complete recovery following.

Another case operated on in January of this year was that of a man aged about 56, who had two months previously rejected my proposal to operate. He had lost his hearing totally on the left side about thirty years previously by the same disease, necrosis of the mastoid with discharge of bone ending the process.

I found the mastoid entirely excavated and full of pus, which had for some weeks been finding partial exit through the membrum tympani and external meatus.

As I was pushed for time to catch a train I contented myself with an incomplete operation. Considerable temporary improvement followed, but another operation was necessary about two months later, in which I removed nearly the entire mastoid process, including an exposure of the lateral sinus for a considerable distance and removal of the posterior wall of the veratus.

His hearing has not been restored, as it seems to have been hopelessly lost during the two months in which he rejected surgical interference. His greatest annoyance most of the time is an intense roaring in that side of his head.

The fourth and last case I wish to report illustrates another phase of the subject.

A man aged about 50, with the history of several attacks of "brain fever," always beginning with ear ache was seen with some oedema over his right mastoid, hearing only slightly impaired. Operation was completely rejected and after several weeks of

more or less wild delirium with intervals of severe pain mostly at night and some ease and quiet in day time, he was able to resume work. I anticipate a recurrence of the meningitis sooner or later in his case.

The condition of ear and mastoid should always be interrogated where there is an intracranial involvement which could possibly have its source there. A great many of the fatal cases of the so-called brain fever in children have their origin in ear disease.

The operation is one which I regard as neither very difficult nor unsafe.

A student need not fear his first operation if he has clearly before him the pathological condition and anatomical landmarks.

The point of election for opening the mastoid should always be into the antrum unless another point is indicated by a previous perforation of the cortex.

This elective point we are told is always present, is always a safe point to enter, and is always found beneath a small triangular surface, which is bounded at its base by the posterior upper wall of external meatus, its upper border by a horizontal line tangent to the upper margin of the meatus, and its posterior border by a perpendicular line tangent with the posterior wall of the meatus.

Life is saved and hearing restored in nearly all cases having prompt surgical treatment.

Discussion—The President: The paper is before the Society for discussion. It is a very interesting and very important subject.

Dr. Flavel B. Tiffany, of Kansas City, Missouri: Dr. L. A. Prefontaine, of New York, house surgeon, who has been house surgeon for the Infirmary for the Eye and Ear is present, and I would be glad to hear from the Doctor; he has witnessed a great many of these operations. I think he is present.

Dr. L. A. Prefontaine, of New York: Mr. Chairman: I have been very much interested in the paper of the Doctor on Mastoid Disease, especially as in the last few years I have had occasion to see a great many cases brought to our place, and a great many cases neglected outside of the

hospital before being brought there for treatment. I don't know whether it is the custom in the West, I presume likely not, but in the East the general practitioner neglects these cases very much; they see them in general practice, or in the general dispensaries and allow the ordinary conditions to continue until the mastoid is involved, and seriously involved, so that not infrequently they have brain complications, as the Doctor has pointed out. Many of these cases require operation, and require operation early, and they should not be neglected on account of the serious consequences that often follow. The cases that are more apt, it seems from the history of the cases we have had there, to go on to brain complications are the chronic cases, however. Chronic suppurating middle ear, neglected for many years, no attention paid to it, suddenly, or often slowly, for that matter, involves the mastoid, and in these cases there is often caries of the superior wall of the middle ear or of the roof of the antrum and the perforation, or the gradual caries rather than the sudden perforation, reaches the meninges, involves the brain and deadly results very often follow. In such cases operation should always be done—in the chronic cases I mean to refer to—and very thoroughly even where there is not much swelling, with continued tenderness of the mastoid and pain, with occasionally a little temperature; even where there is no swelling at all the cases coming in invariably have a little pus and have caries of the portions of the walls, and in the cellular tissues of the mastoid. Beyond these few remarks about the importance of the cases there is not very much to be said. The methods of operating will vary with each case, of course, according to the circumstances, but the operation in itself is usually an easy one; the incision should be made over the tip of the mastoid well up to and above the auricle, slightly curved, and directly over the body of the mastoid, and as the Doctor pointed out himself, unless the mastoid is perforated, a thing which should never be allowed to occur, the cortex of the mastoid should be entered and then

the antrum should be entered directly. The condition has been described by the Doctor, and after making the first incision well down to the cortex of the mastoid, well down to the bone, the periosteum is well separated from the bone, and then make a large exposure of the entire mastoid bone and then the mastoid is entered. Once the bone is entered, each case has to be treated according to the conditions found; if a very little pus is found very often the bone will be very small, the antrum will be entered and communication will be obtained with the middle ear, in other cases the entire mastoid has to be removed; it is full of small drops of pus in the small cells, and it is often found that the entire bone will have to be removed. It is necessary to secure as often as possible communication with the middle ear, and furnish drainage through the middle ear and it almost always secures complete cure of the ear; in the cases in which it is very difficult to secure communication with the middle ear, and in which it is not just as necessary, those cases can be left, but usually suppuration recurs in the middle ear, so that the very important part in the operation is to secure communication and drainage through the middle ear. Beyond that the rest of the treatment is very simple; keep it well packed because there are usually caries spots which have been left, or rather infected areas which give rise to the continuous formation of pus and the skin tissue will heal and you will have this condition underneath, so that the only safe way is to pack it from the bottom and not attempt to secure or permit the healing of the superficial tissues before the cavity has completely filled with cicatricial tissue. If the incision is made close to the ear the deformity is very slight even where the mastoid is entirely removed.

Dr. Flavel B. Tiffany, of Kansas City, Mo.: Thrombus of the lateral sinus of course is a rare condition; I have seen only three cases; three cases I have seen the post mortem on, and only two cases I saw the antrum; in these cases the lateral sinus was opened, the double mastoid was removed, and a normal saline solution in-

jected very freely to irrigate discharges of pus and purulent masses; these masses mixed with blood and pus were withdrawn with the forceps as much as possible, and from a very high temperature, which had been 104 and 106 it dropped immediately to normal; both patients recovered. The recovery from this disease has been very rare, but these two cases recovered. I presume cases of infection are not so rare in the poorer parts of the city where cases never come to the hospital, but in the hospital I have seen only two cases, and they have both recovered very rapidly. I saw the post mortem and had the history of the case that Dr. Knapp did, in a case in which the thrombus extended down the jugular vein about two inches in its course and upward to the basilar process where the sinus joins the petrosal sinus, and the patient died of this septic condition in the vein. In those cases the operation should be very complete; as much as possible of the sinus uncovered and opened freely, or simply washed out, I should judge to secure a free flow of the blood; run the aseptic tubes as far up and down as possible so that the blood will wash out this purulent mass. I might say in speaking of the sinus that rules are given in text-books and by operators for the location of the sinus, and to avoid it in operation, but they are totally useless. The rules have so many exceptions that to use them in looking for the sinus is entirely useless. After operating on a number of cases one can always avoid it if he is very careful, can always tell where it is by the configuration of the inner walls of the mastoid. The operation should always be done slowly and carefully, and the sinus can always be avoided. As to the rule leading you to believe that if you avoid a certain portion you will avoid the sinus, if you follow that rule in 75 per cent. of the cases you will fall into the sinus. Further than that if the sinus is accidentally opened there is no occasion for alarm—it would be much better not to do it on account of sepsis—the operation goes on without any hindrance, except if you open it; if the presence of pus there is danger of infec-

tion, and for that reason it should be avoided, but beyond that there is no special objection to opening the sinus for the hemorrhage is very slight and very easily controlled. You simply pack it and the clot forms. Ligation in the sinus, even where it is uncovered over a very large extent, is not easy. It is not an easy matter. I haven't seen it attempted, but I am quite sure from the large number of sinuses I have seen uncovered, and in these cases where it was uncovered below the tip of the mastoid it would be difficult to ligate, and in this case of thrombosis, after washing out the sinus, the sinus was very freely packed and drawn in that way and the patients made remarkable recovery. One of these cases has been published. It was very remarkable on account of the temperature; going from a temperature of 106 immediately down to and remaining at normal. It is very remarkable also that these cases unless they are seen as soon as infection occurs and operated upon within the first few hours that death must inevitably occur. In the case I saw Dr. Knapp hold the post mortem on, as I said before, the infective material was entirely limited to the jugular vein and the sinus; there was no infection in any of the organs.

Dr. J. W. May, of Kansas City, Kansas: We have brought up a very important subject for the consideration of the general practitioner. Now the general practitioner sees these cases first almost invariably and the early treatment is frequently important, and it is an operation, as the Doctor suggests, that if the surgeon or the physician is well up on his anatomy and the technique of the operation there isn't anything specially difficult about it, and I believe that the general practitioner can do this operation as well as any of the specialists if he prepares himself, if he studies the anatomy of the part well, as the Doctor suggests; even the first operation is not anything so very serious or mysterious about it, but as I say I believe that that is one of the most important phases of the subject that the general practitioner sees it first and has the first opportunity to do the proper thing in

the case, and I want to thank the Doctor for his paper.

Dr. Flavel B. Tiffany, of Kansas City, Missouri: Mr. President: I would like to emphasize the importance that has been spoken of in the essay, and also by Dr. May, that many of these cases of meningitis in the young come from diseases of the middle ear or of the mastoid and are mistaken for something else, and if they were recognized in time and the proper treatment given many of these possibly would be saved where they die from meningitis. The reason that I called on Dr. Prefontaine especially was that I knew that he had had the opportunity of seeing many of these cases, and seeing them treated by Dr. Deemst and others. Now, while they have from twenty to twenty-five thousand patients a year come into the hospital, I felt that he could bring out the points better perhaps than some of the rest of us.

Dr. Reynolds: There seems to have been much interest taken in the subject. The main discussion has branched off beyond the limits of the paper. We naturally think of the complications, sometimes we think of those more than we do of the disease. These complications are always the things we think of, and we think of what we should be ready to do in neglected cases; we ought to go prepared to make any explorations of the inner ear, which is quite extensive. That is a feature of the discussion I did not apprehend. The operation, in my judgment, should always be done with a chisel or a drill, or something that is more durable in irregular surfaces than the trephine.

New Horizons in Psychiatry.

Medical Record.

Prof. Cesare Lombroso, of Turin, was the last orator. When he stepped forward on the platform he was received with long-continued and repeated rounds of applause, just as his name was cheered to the echo when it was read on the first day of the congress among those of the national presidents. The doctrine of criminal anthropology, of

which the Turin professor is the most distinguished apostle, numbers many of its most enthusiastic and active supporters among Russian men of science. In the introduction to his subject the speaker said that by the term "new horizons" he meant new applications of the science of psychiatry, namely, the application of the facts of this branch of learning to a study of abnormal man, of the criminal and degenerate.

All new sciences meet with great opposition at first, and it is best that they should. This new science had not escaped the usual fate; it had even been denied the distinction of being a science. But there is, the speaker maintained, much true, earnest, scientific work being done in it. The tendency of the science is not to undermine the penal code, as some legislators have imagined, but its aim is solely to protect diseased humanity; it is to turn society from its cherished system of vengeance for wrongs done to it by irresponsible beings, to a policy of correction and of prevention of crime. Unfortunately, and this is a fact which has been used by opponents to discredit the science of criminal anthropology, pathology is of little or no help in the study. But there is the same drawback in the study of many nervous diseases, for in perhaps the majority of them, the so-called functional nervous diseases, there are no definite lesions discoverable with the aids at our command. There is hope, however, for the future in the new theory of the neuron.

In this theory of independent movements of the neurons we find a very satisfactory explanation of the phenomena of sleep, of hypnotism, and of memory. The fact that in dealing with supposed psychical states we are dealing with pure hypotheses is one that tends to discourage observation, but it should not. We ought to study carefully all modifications of the psychal state, for the discoveries which this may lead us to are incalculable in their importance. An explanation of telepathy or mental influence acting at a distance is possibly to be found in a polarization of the molecular elements of the brain substance. This science, this study of psychiatry, which has been but begun in the nineteenth century, will be handed down as a legacy to the twentieth, and the development which it may attain and the benefits to the human race which may flow from its discoveries are beyond our powers to foresee—indeed, beyond even the powers of imagination.

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Topeka, Kansas, Saturday, Sept. 4, 1897.

Editorial Notes.

SOME claim that Pfeifer's bacilli are the cause of lagrippe, acting by their toxins, and that the disease may be carried by fomites.

THE treatment of tuberculosis with anti-toxine is still in the experimental stage.

ACCORDING to statistics the total death rate gives 14 per cent. due to tuberculosis. If this is true tuberculosis is not so fatal as formerly supposed, as 30 per cent. recover. This is encouraging, and the physician should be as persistent in the treatment of tubercular patients as in cases of pneumonia, typhoid fever and diphtheria, and feel that as good results may be obtained.

ARGETAMINE is preferable to the nitrate of silver in the treatment of many cases in

ophthalmic practice. It does not discolor the conjunctiva as the nitrate of silver. It does not form deposits like the latter on the cornea. The strength used is from five to fifteen grains to the ounce of distilled water.

CATTANEO thinks mydrinum—a combination of ephedrine and homatropine—is the ideal mydriatic for diagnostic purposes. Dilatation begins eight seconds after the application of mydrine; attains its maximum effect in thirty seconds, and the effect passes off in from four to six hours.

IT is claimed that there are 1,000,000 blind people in the world, or one to every 1,500. The largest proportion of blind persons is in Russia and Egypt. In the former country the blindness is accounted for by the lack of care, poor ventilation of the huts, and the flatness of the country. In Egypt it is due to the sand and wind. England has but 870 blind to 1,000,000 inhabitants. This speaks well for the Englishman's care, intelligence and medical skill.

FOR a sprained swollen joint let a stream of cold or hot water pour on it for five to ten minutes once or twice a day, after which dry and bandage it as tightly as comfort will permit.

GONORRHEA.—Dr. Silverman claims to have treated 1,500 cases of gonorrhea with but three failures with injections of permanganate of potassium of the strength of 1-1,000 to 1-5,000. He uses a catheter with numerous perforations along the sides for the solution to squirt out against the mucous membrane of the canal—while the end of the catheter presses against the vesical sphincter, causing it to close and prevent bladder infection. He uses one injection a day of two syringefuls or one ounce of the fluid.

THE latest treatment for syphilis is the old treatment revived, that of mercury and some preparation of iodine.

The new Webster's International Dictionary is the great standard authority wherever the English language is spoken.

Punishment of a Clerical Medical Practitioner.

Medical Record.

The right of a clergyman to attempt to heal by prayer and the laying on of hands has been questioned in New Orleans, where a Catholic priest has been prosecuted for a violation of the State medical-practice law and of a city ordinance relative to clairvoyants, unlicensed practitioners, and the like. The clergyman, while willing to pray over those who desired his services, did not pretend to be able to cure disease and did not demand any payment for his services, although accepting such sums as his callers chose to give him. The charge of violating the State law was dismissed, but a fine* of twenty-five dollars was imposed for violation of the city ordinance.

Recent Savings of Sickness and Life in Michigan.

EQUAL TO OVER FIVE MILLION DOLLARS SAVED
TO THE TAX PAYERS.

Editor KANSAS MEDICAL JOURNAL, Topeka, Kas.—*Dear Doctor:* The following item from the *Iowa Health Bulletin* is worthy of closest attention:

"The secretary of the State Board of Health has just published (in Reprint No. 472) official statistics on the results of the life-saving work of that Board, which show that through compliance with the recommendations of that Board during the five years, 1890-94, there were probably saved to the people of Michigan 112,843 cases of sickness and about 5,261 deaths, from the four diseases—diphtheria, scarlet fever, typhoid fever and measles. At a very low estimate* the money value thereby saved the State during these five years is \$5,097,800, or over one million dollars per year, from these four disease. If all the dangerous diseases were considered, the saving would undoubtedly be much more.

"The State Board of Health exists for the purpose of guarding the highest in-

terests of every man, woman and child in Michigan; and if it had the cooperation of all, and its advice was fully complied with, the results of the work would be still more effective. As it is, the money values saved to the people of the State greatly exceed the cost of the public-health work being, in fact, nearly half as much as the entire amounts required to sustain the State government and all the State institutions. From an unhealthy State, Michigan is fast becoming one of the most healthy."

H. Z. GILL, M.D.,

Secretary State Board of Health.

* The basis on which this estimate is made is as follows:—For medical attendance and other necessary expenses in each case of sickness, \$20; for each funeral prevented, \$40; value of each life saved, \$500. (Before the late war a slave was worth about \$800, for what it would earn, over and above its cost of maintenance, and now the courts count an average person's life worth about \$5,000—ten times the amount used in this estimate.)

Chronic Articular Rheumatism.

New York Medical Journal.

At a recent meeting of the German Congress for International Medecine, a report of which is published in the *Presse Medicale*, for July 3, Baumler endeavors to show what should be comprehended under the term chronic articular rheumatism. He began by showing that in nearly every country this term served to designate a peculiar clinical syndrome; that the chronic articular rheumatism of the French authors was, in Germany, the chronic form of acute articular rheumatism and corresponds to arthritis deformans; that this term arthritis deformans was understood in a different way by physicians and surgeons. In order, therefore, to avoid confusion and to establish an absolute distinction between acute articular rheumatism and chronic articular rheumatism, two affections which were in all points distinct one from the other, Baumler proposed to designate the latter under the term arthritis deformans. Under this term, or polyarthritis deformans, then, Baumler comprises the cases of chronic arthritis of subacute evolution which were often prolonged for many years, habitually apyretic, attacking a large

number of the articulations, and causing very pronounced deformities in them.

The symptomatology of polyarthritis deformans was well known, and Baumler could add nothing to it. The patients, he said, were more or less powerless, cachectic or somewhat given to *embonpoint*. In all cases there was to be found atrophy of the muscles in connection with the diseased joints. The skin, especially on the deformed fingers, was thin, shiny, tense, and often pigmented near the groove of the nail, which sometimes presented stripes running lengthwise or across it. The skin of the palmar surface was red and hot, and seemed moist. Characteristic crackings were found in the diseased articulations, which were produced on movement and were caused by the rubbing of the denuded articular surfaces. The articular capsule was thick, the synovial membrane was proliferous, and the articular extremities were deformed, and were dislocated or subluxated one upon the other. There was very little or no fever, unless there was a complication or an attack of arthritis in an articulation previously free from disease. Nutritive disturbances were generally absent; glycosuria and albuminuria, when they existed, were the result of complications.

The anatomo pathological lesions, said Baumler, varied with the evolution of the disease. In the beginning there were to be found only a thickening of the capsule, an intracellular effusion, and, sometimes, proliferation of the cartilage. Later the cartilage was destroyed; but on the border, in consequence of mortification in the pressure, there was proliferation of the cartilage with partial ossification. There were modifications of the pressure which brought about atrophy and hypertrophy of the bony parts.

The cause, or causes, Baumler said, of polyarthritis deformans, were not yet known exactly. All the conditions which might predispose the patients—poverty, loss of organic liquids, nervous exhaustion, previous articular affections, even acute articular rheumatism—might play a part in the predisposing causes. The disease did not attack the poorer classes in an excessive manner,

and it had not been shown that there existed a pathogenic relation between polyarthritis deformans and the organic or functional diseases of the central or peripheral nervous system.

Baumler thought that the bacteriological researches of Schuller, Bannatine, and especially Wohlmann, furnished a certain basis for the hypothesis of an infectious etiology. Finally, in a disease which lasted for years it was possible that several causes and various infections acted together or successively.

Ott presented a communication on the treatment of polyarthritis deformans. He showed, first of all that, according to the prevailing ideas concerning the nature of this affection, the therapeutic measures in use might be divided into three classes:

1. The disease resulted from a disturbance of nutrition characterized by an excessive production of acids, and this might be combatted by large doses of alkalines.
2. It was supposed that the nervous system was a factor, and the patients were treated with nervines, electricity, hydro-pathy and tonics.
3. The disease was supposed to be of an infectious nature, and antiseptics were administered internally and externally.

According to Ott, the antiseptic treatment was, in a general way, the one which gave the best results, but the empirical treatment played a great part.

In acute exacerbations rest in bed and careful diet were indispensable; besides, Priessnitz's compresses and wrapping the articulations in cold bandages rendered great service. Painting the articulations with methyl salicylate might also be recommended. When the pain was very violent, narcotics might be used without danger. As a revulsive, tincture of iodine was useful and harmless. When articular effusions were very abundant and prolonged it was necessary to puncture the articulation. Salicylate preparations, colchicum, and salol were to be given.

During the chronic period it was especially necessary to cause absorption of accumulated exudates by external means. Revulsives

were employed, such as tincture of iodine and ichthyol. If articular effusions existed, the articulation was to be compressed.

Baths should be employed only when all symptoms of irritation had disappeared. As the patients were, in general, in bad condition regarding nutrition, hot baths, sand baths and mud baths were particularly indicated. The baths of mineral waters were still more frequently prescribed, as follows:

1. Ordinary mineral waters.

2. Waters containing sodium chloride. As salt water has an exciting action, the temperature of these baths should not be too high.

3. Waters containing sulphur.

The employment of diaphoretics might also be added to the other modes of treatment, also that of Scotch douches, mechanical therapeutic procedures, especially massage, which was useful after the processes had diminished, active and passive movements, and electricity. During the winter the patients should go to a southern climate. To ameliorate the general condition, quinine, iron and cod-liver oil should be given. Potassium iodide, ichthyol, tincture of iodine, and arsenic should be administered internally. In cases of grave alterations of the articulations, when the local processes were allayed, surgical intervention was sometimes indicated, such as resection of the capsule, osteotomy, etc.

Recent Progress in Dermatology.

By T. Gaspar Gilchrist, M.D., in Maryland Medical Journal

The Microbial Origin of Baldness—At the last meeting of the International Congress of Dermatology (London, 1896), a French investigator, Dr. Sabourand, who has within the last few years been making very valuable discoveries with reference to ringworm on the scalp, presented a paper embodying some very interesting researches on seborrhea, alopecia areata, the falling out of hair and baldness. In the *British Medical Journal*, April 24, 1897, L. Wickham gives an abstract of Sabourand's recent works on the above subjects.

1. With reference to tinea tonsurans this French author, after an exhaustive study of this disease, mycologically and therapeutically, asserts that no antiseptic treatment is absolutely efficacious where the hair has been invaded by the fungus as far as the root; but the disease could be rapidly cured if epilation was carried out thoroughly and without breaking the hair.

2. This work led Sabourand on to investigate alopecia areata, in which disease, after patient research, he discovered a short bacillus, which was always found present in the upper part of the hair sac. This indefatigable worker, after many failures, discovered a medium on which the alopecia bacillus and only one other micro-organism, which was a coccus, grew. By an exposure for ten minutes to a temperature of 65° C, the white coccus was killed and the alopecia bacillus remained alive. He then tried to reproduce alopecia areata in animals but his results as yet have not been sufficient to satisfy himself.

3. During his further investigations Sabourand found that his alopecia bacillus and Hodara's acne bacillus were identical and while studying this comparison in detail he was led on to demonstrate the microbial nature of baldness. He showed that the alopecia bacillus was the cause of seborrhea and that therefore the two diseases have a common origin. Sabourand then came to the conclusion that the disseminated loss of hair in seborrhea was the prelude of baldness. He asserts that the hair once shed is never renewed. He further made a cultivation of the bacillus in a liquid medium and having filtered it through porcelain inoculated a rabbit hypodermically. Within forty days the rabbit became hairless.

The conclusions which Wickham has deduced from these valuable investigations are—

1. That the microbial origin of baldness is certain.

2. That the micro-organism of baldness is the same as that of seborrhea.

3. That it is identical with that of the seborrhetic plugs of the orifices of the hair follicles in alopecia areata.

Malignant Syphilis—Under malignant syphilis, A. Neisser, Professor of Dermatology in the University of Breslau, has written an interesting article in the *British Journal of Dermatology*, January, 1897. He understands by the term "malignant syphilis" a severe form of the disease characterized by certain symptoms, differing rather in their nature than in their severity, from the usual forms of the malady. The author criticizes Tarnowsky's division of syphilis showing malignant characters into three groups, viz.:

1. Syphilis complicated by the inoculation of pyogenic micro-organisms.
2. Syphilis praecox with manifestations of a gummatous nature.
3. Syphilis rendered severe on account of its localization. Neisser believes that *syphilis maligna* can only be applied to the second division.

The fact of malignancy depends on a difference in the resistance of the individual, not merely on the quantity of the virus introduced. The characters of this variety consist of pronounced constitutional symptoms, extensive, irregularly distributed lesions, made up of large pustules and ulcers, appearing within three to six months after infection and frequently recurring. The pleomorphic character of the cutaneous lesions is another distinguishing feature, as well as the early development of ulceration at the time when one would expect the roseola to appear.

This author also asserts that malignant syphilis must be regarded as a secondary manifestation of the disease and that the early ulceration differs in type from that seen in the tertiary stage. Neisser believes that malignant syphilis may exist either in the acquired or the hereditary form. The view that the malignant phenomena are the result of a mixed infection due to pyogenic cocci is not supported by this author.

The explanation why there has been such a diminution of malignancy of syphilis during the last four centuries is probably explained by—

1. The general adoption of improved methods of mercurial treatment.

2. The use of antiseptics.

3. The greater care in the treatment of both the local and general manifestations.

4. The improvement in general sanitary conditions.

Serum for Lupus and Leprosy—Dr. A. Carless exhibited before the Dermatological Society of London, held April 14 (*British Journal of Dermatology*, May, 1897), a severe case of lupus vulgaris in which he had used Coley's fluid. In Coley's last paper mention was made of the treatment of a case of lupus vulgaris, and it was well known that an attack of erysipelas had often produced lasting and beneficial results in lupus. Dr. Carless injected gradually increasing doses into the diseased tissue and into the healthy tissues around. Very little reaction resulted and a well marked rigor only occurred twice. Only a slight reaction followed and the results were not entirely satisfactory. In another similar case where Coley's fluid was also used the results were even less marked.

In the same journal an abstract is given Carrasquilla's serum treatment of leprosy. This consists in obtaining serum from the blood of an adult leper and this is injected under the skin of a young and vigorous horse. This is repeated four times at intervals of ten days, but before the last injection the animal is bled. After an interval of twenty or thirty days serum is now obtained from the blood of the horse and is injected hypodermically into the lepers at intervals of three days. Carrasquilla claims that the results have so far been very good and that after the first injection the effects of the bacilli leprae cease. An institute under M. Carrasquilla's direction has been established by the Colombian government.

Regional Eczema—In the *American Journal of the Medical Sciences*, April, 1897, Dr. L. A. Duhring contributes a valuable paper on "The Local treatment of Regional Forms of Eczema." He says that eczema can be cured by local treatment alone, although internal treatment is very valuable. The variety and stage of the disease present should be borne in mind when treating the

disease.

In Eczema of the Scalp, which is usually scaly (pustular in children) stimulating remedies are the best. Crusts should be removed by sweet oil, followed by soap and water and a mild salicylic acid salve. A mild tar mixture, fifteen to twenty minims to the ounce of water, or *pix liquida* in ointment, are useful in scaly patches in adults. Calomel and white precipitate (20 to 80 grains to ounce) are also recommended. In the more chronic moist forms a one to five per cent. silver nitrate solution followed by a soothing ointment is often efficacious.

In Eczema of the Face, where the erythematous variety is more often seen, boric acid solutions act well, but when situated on the forehead and the skin is thickened, then a mixture of camphor 3 ss, emplastr. plumbi 3 iii, petrolali 3 iii, ol. olivae, 3 i, is recommended. Lotions are very useful, such as zinc oxide with lead water, or with lime water. Lassar's paste with salicylic, resorcin or carbolic is much thought of by this author.

Eczema of the Lips is usually very rebellious, and lotions or strong stimulants (silver) may be applied, but hygiene must be attended to.

In Eczema of the Beard mercury and sulphur in small quantities in the form of lotion, pastes, plasters and ointments are recommended.

Eczema of the Ears—Lassar's paste with salicylic acid, tar or calomel is used and fissures should be touched with silver nitrate.

Eczema of the Trunks, Thigh and Arms—The eruption tends to be symmetrical and diffuse. Lotions and powders are recommended for the acute stages, but later, when scaling, the pastes; tannic acid or weak sulphur paste is often efficacious for eczema beneath the breasts, in the groins or axillae.

Eczema of the Genitals—Pruritus and glycosuria must be excluded. In chronic scrotal disease strong applications, *e. g.*, tar ointment, 3 i, calomel, 3 i acid carbolic, m. xv, are of value. Other remedies which are advised are tincture of tar and Vleminck's solution, and they should be fol-

lowed by soothing pastes or powders. Eczema of the genitals is often neurotic, so general treatment must be carried out.

Bilateral Resection of the Great Cervical Sympathetic in Exophthalmic Goitre.

New York Medical Journal.

The following case is related by M. Marchant in the *Gaz. Hebdom. de Med. et de Chir.* for July 4, 1897: In March, 1896, at the beginning of a pregnancy which terminated at seven months, the patient's eyes began to become prominent. In August of the same year a goitre was discovered. Trembling appeared in January, 1897, and progressive emaciation was noticed, although the appetite had always been good. The patient was subject to diarrhea from time to time, but it never became paroxysmal, as is frequently the case in exophthalmic goitre.

On March 30, 1897, when the author examined her eyes, he was struck with the protrusion presented; it was so pronounced that the eyelids could not cover the ocular globe; the external and internal muscles of the eye were sound; the visual field was normal, and the sight was intact; the pupils were very much dilated.

There was scarcely any tachycardia; the patient had never had paroxysmal attacks, palpitation or dyspnea. The apex of the heart was somewhat depressed and the organ seemed to be slightly hypertrophied. On auscultation, a presystolic murmur was heard and the first sound was prolonged.

The right lobe of the thyroid gland was somewhat hypertrophied, the neck measuring 34 centimeters, but this goitre was not of sufficient size to attract immediate attention; near the goitre there was a vascular souffle. The trembling in the arms and legs was very marked.

No trophic troubles or troubles of sensibility and no hysterical stigmata existed, and the lungs, the digestive tract, and the kidneys appeared to be absolutely healthy. The author found that he had to deal with

an abortive form of the disease characterized especially by the predominance of exophthalmia.

April 5, the author practiced the operation after etherization and the usual antiseptic precautions. He followed the operative procedure indicated by M. Jounesco in an article which appeared in the *Archives Provinciales de Chirurgie* at the beginning of the year. The cervical sympathetic was found by an incision which extended from a point of the mastoid apophysis to the external third of the clavicle; this incision enabled the author to pass behind the sterno mastoid and to displace forward and inward the vasculo-nervous bundle of the neck, after having cut and ligated the external jugular vein and some nervous fibres of the superficial cervical plexus.

The sympathetic then appeared under the form of a rather thin white cord held by the prevertebral aponeurosis against the *logus colli* muscle; this nerve, however, was not easily recognized, for it was not possible to be sure that it was the sympathetic nerve until the upper cervical ganglion was exposed, that is, the fusiform enlargement, which is absolutely characteristic. Also, in order to avoid all hesitation and all disastrous cutting, a sharply prolonged incision toward the mastoid was made, which gave a sufficient opening for exposing the ganglion.

The operation on the left cervical sympathetic, which included resection of the lower part of the upper cervical ganglion with about 4 cm. of the subjacent nervous trunk, lasted fifteen minutes; that on the right side lasted ten minutes, and the resection of the nerve was made in the same length of time.

It was observed that the middle cervical ganglion was not appreciable on either side. There was no modification of the pupils at the time of the operation; there were observed only subconjunctival bloody effusions, which were very apparent and existed in the external segment of the right ocular globe only; these effusions appeared at the time of operation.

The two wounds were closed by buried

deep sutures and superficial intradermic sutures which were designed to render the cicatrices less visible.

Immediately after the operation the pulsations were 80, but there was no changes in the respiratory movements. The exophthalmia was diminished on the left side so that the eyelid almost completely covered the ocular globe. On the right side, however, the exophthalmia was yet very perceptible.

On the evening of the operation the patient's vaginal temperature was 99.7° F.; she was very quiet, and there were only 60 pulsations, which number remained almost constant until she left the hospital. On the following day there was a very perceptible diminution of the exophthalmia, of the pupillary dilatation, and of the vascular dilatation of the right frontal region. The patient complained of a slight pain near and behind the ears, also of a sensation of numbness, which was especially pronounced on the left side of the neck. This persisted during the following days, and was due, M. Marchant thinks, to the section of several fibres of the superficial cervical plexus.

On the third day after the operation the exophthalmia diminished still more, and the patient could close her eyes completely. On the fourth day the dressing was removed and the two small drains were taken away. Nothing special was seen near the two lines of incision, but it seemed that the exophthalmia was more pronounced than it had been on the preceding days. The vascular dilatation on the right side still persisted.

April 14, the patient left the hospital absolutely cured of the exophthalmia, of the pupillary dilatation, and of the venous turgescence which predominated in the right eye. The eyes seemed somewhat prominent under the influence of emotion, but the patient said they had always been so.

M. Marchant thinks that the immediate results of this operation were perfect, although emotion and fatigue caused the reappearance of the exophthalmia sometimes momentarily; it occurred, however, in a much less degree than before the operation. The author states that there is no longer any trace of the goitre, and that the general physical and mental condition had remained excellent.

The Unsexing of Women.

The Medical Times.

To the Editor of the Medical Times: In the August, '97, number of your valuable journal, which accidentally fell into my hands, appears an editorial headed "A Mathematical Problem," calling attention to the widespread inclination on the part of modern surgeons to unsex women, your editorial being a plea for conservatism in this line. Just before reading the editorial I had been sadly musing over the condition of my own wife. These reflections are sent you for publication by a member of the medical profession, who from poverty, location, diffidence and attainments is obscure, yet he would raise his voice as one "crying in the wilderness" against this wholesale slaughter of the happiness of wives, husbands and homes. Why? Eighteen months ago he discovered carcinoma of the cervix uteri in the person of his own wife, then apparently in perfect general health, 35 years old, the mother of three children.

The disease was in its incipency, and not a single symptom that the ovaries were affected had been even suspected. After all my preliminary talks with the surgeon who was to operate, in placing her in his sole charge for a vaginal hysterectomy, I did not dream that the ovaries also were to be removed. Thinking such a course best to pursue, neither her real condition nor the nature of her operation had ever been intimated to her. She knew not her present danger or dreaded ultimate state, and mounted the table with as sweet a smile as ever graced a countenance, feeling that she was in the hands of wise friends and counselors. Sad enough to have lost her uterus, but imagine my surprise, mortification, and indignation as I bent over her sleeping form, yet half narcotized from anæsthesia, the surgeon said to me: "We removed the ovaries also, but they were perfectly normal." After convalescence began as I sat by her bed one bright Sabbath morning, with a countenance of sublime sweetness, resignation and gratefulness to God for the recovery (for she

now knew something radical had been done) she looked into my face and said, "Doctor what has been done?" Unwilling to deceive her longer, I told her the whole truth. From that hour to this I have never seen a more miserable wife and husband, whose sadness is so dense as to affect the happiness of their children. In view of the wretchedness that follows it is doubtful in my mind, from a moral point of view, whether such surgery is justifiable even to save life. But all agree that if the operation is justifiable it is so in the incipency of the disease only, when the uterus alone is affected; then why remove the ovaries also? But one says why retain them when they are no longer useful? There are three grand reasons why they should be retained.

1. The subsequent mental state of both wife and husband is enhanced thereby, the woman feeling that she is yet a woman and the husband sharing in this happy mood.

2. The ovaries possess in some peculiar, undefined way some physiological function in the process of nutrition by means of which the feminine beauty of face, form and disposition is maintained.

3. In order to prevent that fearful physiological train of symptoms that go to constitute the "post-surgical menopause."

Could every surgeon be brought to a personal realization of these potent reasons he would hesitate long and prayerfully before removing the ovaries of a woman unless the exigencies therefor were absolutely unmistakable. And could the mantle of secrecy be removed from the lives and feelings of the unsexed women of this country and their husbands, and should they give vent to their grief in one vast wail of agony, it would touch the hearts of surgeons from the center of this republic to its remotest bounds, and exert an influence upon the profession and the public that would bring about the strictest conservatism in the practice of mutilating or abolishing the generative of sexual organs of women.

Yours for the profession and humanity,
GENERAL PRACTITIONER.
New York, Aug. 25, 1897.

It is not at all surprising that ordinary emulsions of cod-liver oil are losing favor with the medical profession, when we consider the fact that almost every emulsion on the market depends entirely for its nutritive properties upon the proportion of cod-liver oil present, the remaining portion being made up of acacia, Irish moss, and other emulsifying and flavoring agents which add nothing to the therapeutic value of the product, but are, in fact, a burden to the weakened digestive organs of an invalid.

The great value of egg emulsions has been recognized for a long time, but the lack of permanence has heretofore proven an insuperable obstacle to their general use. Messrs Parke, Davis & Co., however, we are pleased to announce, have succeeded in securing a formula which enables them to prepare a stable emulsion containing 40 per cent., by volume, of pure cod-liver oil, emulsified only with fresh eggs and flavored with a fine quality of brandy. No acacia, no Irish moss, but cod-liver oil, eggs and brandy; every ingredient therefore a nutrient. It justly deserves ethical recognition as the most meritorious preparation of this class now at the disposal of the profession.

Endometritis.

William F. Waugh, A. M., M. D., in "The Treatment of the Sick."

Mix equal parts of euophen and aristol to a creamy consistence with fluid petrolatum; warm to body heat, and draw up a little into a long nozzled rubber syringe, that used to clear out drainage tubes being the best. Be careful to allow no air to remain in the syringe. Pass the nozzle of the syringe into the womb, up to the fundus, and inject slowly a few drops of the mixture, until it begins to ooze out at the os. Then withdraw the syringe and insert a cotton tampon charged with a weaker oleaginous mixture of euophen and aristol. The vagina should have been thoroughly douched with peroxide of hydrogen solution previously. The application should be repeated every

third day until a cure is effected. This usually requires from three to six seances. By this means endometritis may be cured more certainly than by any other method in my knowledge. If a cure does not result, it is because there has been a migration of pus-generators, staphylococci, streptococci or gonococci, into the Fallopian tubes, beyond the reach of uterine applications. In one such case I obtained a cure by clearing the uterus as above described, and then passing an electrode, insulated properly, into the uterus, placing the positive pole over the iliac region on the affected side and sending as powerful a galvanic current through as the patient could bear, with repeated interruptions. This was repeated weekly until the gonococci no longer appeared in the uterine discharge.

The application of euophen-aristol has never caused in any of my patients pain, colic or irritation, except in the case of two eczematous women to whom every iodine preparation was violently toxic.

Worth Knowing.

The following strong tribute to the merits of Imperial Granum is from one of the most eminent physicians of Philadelphia.

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